Fact Sheet

Module 1: Payroll Taxes and Federal Income Tax Withholding

Payroll and **income** taxes are withheld from employees' pay by their employers.

Employers send withheld taxes to the federal government.

Payroll taxes include Social Security (FICA) tax and Medicare tax.

- The Social Security tax rate is 6.2 percent.
- The Medicare tax rate is 1.45 percent.

Employees complete <u>Form W-4</u>, <u>Employee's Withholding Allowance Certificate</u>. Employers use Form W-4 to compute the amount of income tax to withhold.

Cut here and give Form W-4 to your employer. Keep the top part for your records. OMB No. 1545-0074 **Employee's Withholding Allowance Certificate** W-4 ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is Department of the Treasury subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. Internal Revenue Service Type or print your first name and middle initial. Last name 2 Your social security number Home address (number and street or rural route) 3 Single Married Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ 5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) 6 \$ Additional amount, if any, you want withheld from each paycheck claim exemption from withholding for 2007, and I certify that I meet **both** of the following conditions for exemption. Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. Employee's signature (Form is not valid unless you sign it.) Date ▶

Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

Employer identification number (EIN)

9 Office code (optional)